U.S. Palent and Trademark Office; U.S. Department of 1895, his persone are required to respond to a collection of Information unless it displays a valid OMB.confiror number. PATENT APPLICATION FEE DETERMINATION RESERVE Substitute for Form PTO-876 Application of Dooket Number....  $\mathcal{O}(\mathcal{O})$ APPLICATION AS"FILED - PARTI (Column 1) OTHER THAN SMALL ENTITY (Column 2) SMALL ENTITY .OR FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$ (17 OFR 1,16(a),(b); or (c)) · N/A RATE (\$) FEE (\$) NA SEARCH FEE . NA (87 OFR 7.16(N), (D), or (my) N/A N/A N/A EXAMINATION FEE (9) OF (4) NA N/A AVA. N/A ŃΑ BMIAJO JATOT NA (37 CFR 1.16(T)) minus 20 = MOEPENDENT CLAIMS G7 OFR 1.15(N) EB: = OR 50 minus 9. x 105 = If the specification and drawings exceed 100 210 APPLICATION SIZE sheels of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See (37 CFR 1.16(s)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.180)) 185 If the difference in column 1 is less than zero, enter \*0\* in column 2. 370 TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN CLAIMS SMALL ENTITY HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT PREVIOUSLY PAID FOR AFTER AMENDMENT RATE (\$) "AODI-EXTRA RATE (\$) ADDL" Total TIONAL Minus TIONAL FEE (\$) FEE (\$) Independent Of OFR 1.16611 25 Minus x.50 Application Size Fee (37 CFR 1.16(s)) x 105 = 210 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II) 185 370 OR: TOTAL ADD'L FEE TOTAL ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS REMAINING HIGHEST PRESENT EXTRA NUMBER AFTER AMENDMENT PREVIOUSLY PAID FOR RATÉ (\$) ADDI-TIONAL FEE (\$) RATE (\$) ADDI-Total (17 CFR 1.16(1) TIONAL FEE (\$) Minus 19 histopendeni Di Offi Licini. Minus OR x 50 Application 8the Fee (37 CFR 1.16(s)) x 210 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.160) 185 OR If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the Highest Number Previously Paid For" in This SPACE is less than 20, enter "20".

The Highest Number Previously Paid For" in This SPACE is less than 3, enter "3".

This Collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application for modern of the amount of time by or require to complete, this form and/or suggestions for redoins for the will vary depending upon the individual case. Any comments and I rademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. TOTAL ADD'L FEE